

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000122295

**Entity Name:** DELBOY LLC

**Current Principal Place of Business:**

1951 E ADAMO DRIVE  
SUITE C  
TAMPA, FL 33605

**Current Mailing Address:**

PO BOX 13288  
TAMPA, FL 33681

**FEI Number:** 46-3599923

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KALIA, CHAND A  
4520 WEST OAKELLAR  
NO 13288  
TAMPA FL, FL 33681 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KALIA, CHAND A  
Address 4520 WEST OAKELLAR AVE NO 13288  
City-State-Zip: TAMPA FL 33681

Title MGR  
Name KALIA, RUBY  
Address 4520 WEST OAKELLAR AVE NO 13288  
City-State-Zip: TAMPA FL 33681

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHAND KALIA

**PRESIDENT**

**04/04/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date